

Tour Reservation Form

SCHOOL GROUP: Freedom High School Choir

DESTINATION: Orlando, Florida

For Office Use Only

TOUR #: EC01120616

TOUR DATES: Dec 6-11, 2016

☐ STUDENT

☐ TAG ALONG

ALL FIELDS ARE REQUIRED

One form per person. Must use legal names as they appear on your Identification.

GUEST NAME _____	D.O.B. _____	GENDER (circle one) M F
ADDRESS _____	CITY _____	
STATE _____	ZIP _____	CITIZENSHIP _____
T-SHIRT SIZE _____		

PARENT (S) NAME _____
PARENT PHONE _____ EMAIL _____

SPECIAL REQUESTS/NEEDS: _____

TOUR COST: Per Person (Please check which room type you wish to book)

<input type="checkbox"/> Adult Single: \$2,000. ⁰⁰ Insurance Premium: \$140. ⁰⁰	<input type="checkbox"/> Adult Double: \$1,700. ⁰⁰ Insurance Premium: \$119. ⁰⁰	<input type="checkbox"/> Student Double: \$1,740. ⁰⁰ Insurance Premium: \$122. ⁰⁰	<input type="checkbox"/> Student Triple: \$1,640. ⁰⁰ Insurance Premium: \$115. ⁰⁰	<input type="checkbox"/> Student Quad: \$1,600. ⁰⁰ Insurance Premium: \$112. ⁰⁰
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INSURANCE INFORMATION:

We recommend the purchase of a travel protection plan to protect your travel arrangements, your belongings and most importantly, you! For the Tripmate International/Cruise/Air plan details go to: www.tripmate.com

☐ Yes, I/we wish to purchase travel insurance.
Please forward your premium with the initial tour deposit. Insurance Premiums are non-refundable.

☐ No, I/we will not be purchasing travel insurance, and I/we assume full responsibility for all penalties and administrative fees as listed on the brochure should I/we cancel for any reason.

TOUR PAYMENT INFORMATION:

INITIAL DEPOSIT: \$300.00 (per person with reservation)

FINAL PAYMENT DUE: July 2016

Air Travel disclosure information:

- The Transportation Security Administration requires you to provide your full name, date of birth, and gender for the purpose of watch list screening, under the authority of 49 U.S.C. section 114, the Intelligence Reform and terrorism Prevention Act of 2004 and 49 C.F.R parts 1540 and 1560. Failure to provide this information may result in denial of transport or denial of authority to enter the boarding area. **For more information please see the TSA Web site at www.tsa.gov.**
- Minors:** If the passenger is under 18 years of age and does not have a verifying identity document, TSA may, on a case-by-case basis, authorize the minor or an adult accompanying the minor to state the individual's full name and date of birth in lieu of providing a verifying document.
- I understand the airline tickets I am purchasing as part of this package are subject to supplemental price increases after the date of purchase due to additional charges imposed by a supplier or government. I acknowledge that I may be charged additional sums by East Coast Touring Company to offset increased fees, fuel surcharges, taxes, fluctuations in foreign exchange markets or any combinations thereof. I hereby consent to any post-purchase price increase and authorize East Coast Touring to invoice for the additional amount.
- Some countries require insecticide spraying of aircraft prior to a flight or while you are on the aircraft. In such cases, federal law requires that you are referred to DOT's disinsection website at <http://airconsumer.dot.gov/spray.htm>.
- Under federal law, passengers are prohibited from bringing hazardous materials on the aircraft. **Please visit Pack Safe ([http://www.faa.gov/about/initiatives/hazmat safety](http://www.faa.gov/about/initiatives/hazmat%20safety)) for more information.**
- The identity of the carrier, which may include the carrier's code-share partner, will be assigned and disclosed at a later date.

By signing below, I verify that all information provided on this form is correct, including my legal name according to a legal issued form of identification. I understand there may be additional fees imposed or I may not be eligible to participate in this tour if any of the above information is incorrect or results in a change. The information provided will be used for a reservation on this tour only.

Parent Signature (required) _____ Date: _____